



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



Alexander

Tamms Correctional Center

| | | |
|---------------------------|--|---|
| Name Main Office Address: | Rakesh Chandra, M.D. 200 Supermax Road, P.O. Box 400 Tamms, IL 62988 | Phone: (618) 747-2042 Fax: (618) 747-2647 Email: |
| Services Provided: | | Language(s): English , Hindi , Portuguese Licenses: IL Medical License |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Katherine Clover 200 Supermax Road, P.O. Box 400 Tamms, IL 62988 | Phone: (618) 747-2042 Fax: (618) 747-2647 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCSW |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Cheryl Couch 200 Supermax Road, P.O. Box 400 Tamms, IL 62988 | Phone: (618) 747-2042 Fax: (618) 747-2647 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCSW |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Kelly Rhodes 200 Supermax Road, P.O. Box 400 Tamms, IL 62988 | Phone: (618) 747-2042 Fax: (618) 747-2647 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCP |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Jill Stevens 200 Supermax Road, P.O. Box 400 Tamms, IL 62988 | Phone: (618) 747-2042 Fax: (618) 747-2647 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCPC |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |

Christian

Graham Correctional Center

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Sherry Kalicak P.O. Box 499 Hillsboro, IL 62049 | Phone: (217) 532-6961 Fax: (217) 532-6533 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCPC |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | No | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Augustine O. Nwajei P.O. Box 499 Hillsboro, IL 62049 | Phone: (217) 532-6961 Fax: (217) 532-6533 Email: snwajei@sbcglobal.net |
| Services Provided: | | Language(s): English , Ibo, Yoruba Licenses: M.A. Psychology |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | No | All applicant attestation qualifications: Yes |



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



Christian

Taylorville Correctional Center

| | | |
|---------------------------|---|---|
| Name Main Office Address: | Katherine Ingraham, LCSW, CSOTS P.O. Box 1000 Taylorville, IL 62568 | Phone: (217) 824-4004 x5511 Fax: (217) 824-8075 Email: katherine.ingraham@doc.illinois.gov Language(s): English Licenses: IL LCSW IL 149-011322, CSOTS #24941 |
| Services Provided: | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | No | All applicant attestation qualifications? Yes |
| Name Main Office Address: | Timothy W. Lawrence P.O. Box 1000 Taylorville, IL 62568 | Phone: (217) 824-4004 x5512 Fax: (217) 824-8075 Email: tim.lawrence@doc.illinois.gov Language(s): English Licenses: IL LCPC #180-001855 |
| Services Provided: | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | No | All applicant attestation qualifications? Yes |

Clinton

Centralia Correctional Center

| | | |
|---------------------------|---|--|
| Name Main Office Address: | B. Mark Aaron P.O. Box 1266 Centralia, IL 62801 | Phone: (618) 533-4111 Fax: (618) 533-4112 Email: |
| Services Provided: | | Language(s): English Licenses: IL LSW |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications? Yes |

Cook

Alternative Behavior Treatment Centers (ABTC)

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Kenneth G. Queen 27255 N. Fairfield Road Mundelein, IL 60060 | Phone: (309) 852-3651 Fax: (309) 852-3515 Email: |
| Services Provided: | | Language(s): English Licenses: IL LPC 178-004103 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | Yes | All applicant attestation qualifications? Yes |
| Name Main Office Address: | Maxine Ross (IDOC) 2021 Kentville Road, P. O. Box 518 Kewanee, IL 61443 | Phone: (309) 852-3651 Fax: (309) 852-3515 Email: |
| Services Provided: | | Language(s): English Licenses: |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications? Yes |

East St. Louis Sex Offender Treatment Program

| | | |
|---------------------------|--|---|
| Name Main Office Address: | Rodney Clossum, MA, LPC 10 Collinsville East St. Louis, IL 62201 | Phone: (618) 583-2040 Fax: (618) 583-2053 Email: rodney.clossum@doc.illinois.gov Language(s): English Licenses: IL LCPC #178-002938 |
| Services Provided: | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | No | All applicant attestation qualifications? Yes |



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



Cook

Illinois Department of Corrections (Special Needs Unit)

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Cathy Cassidy, MA, MS 3508 W. Grand Avenue Chicago, IL 60651 | Phone: (773) 292-2874 Fax: (773) 282-3442 Email: cathy.cassidy@doc.illinois.gov Language(s): English Licenses: |
| Services Provided: | Provider Meets the following qualifications: | |
| Evaluations ? Yes | All treatment provider qualifications? No | |
| Treatment ? Yes | All evaluation provider qualifications? No | |
| Adult ? Yes | All applicant attestation qualifications? Yes | |
| Juvenile ? No | | |

| | | |
|---------------------------|--|---|
| Name Main Office Address: | Rodney Clossum, MA, LPC 3508 W. Grand Avenue Chicago, IL 60651 | Phone: (618) 583-2040 Fax: (618) 583-2053 Email: rodney.clossum@doc.illinois.gov Language(s): English Licenses: IL LCPC #178-002938 |
| Services Provided: | Provider Meets the following qualifications: | |
| Evaluations ? Yes | All treatment provider qualifications? Yes | |
| Treatment ? Yes | All evaluation provider qualifications? Yes | |
| Adult ? Yes | All applicant attestation qualifications? Yes | |
| Juvenile ? No | | |

Illinois Youth Center (IYC) - Chicago

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Rosa LaPietra 136 N. Western Chicago, IL 60612-2222 | Phone: (312) 633-5219 Fax: Email: drrosala@aol.com Language(s): English Licenses: IL LCP #071-004811, Diplomate in Sex Abuse Treatment - American Board Forensic Examiners |
| Services Provided: | Provider Meets the following qualifications: | |
| Evaluations ? Yes | All treatment provider qualifications? Yes | |
| Treatment ? Yes | All evaluation provider qualifications? Yes | |
| Adult ? Yes | All applicant attestation qualifications? Yes | |
| Juvenile ? Yes | | |

Illinois Youth Center (IYC) - Joliet

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Larry Collins 2848 W. McDonough Street Joliet, IL 60436 | Phone: (815) 725-1206 Fax: (815) 725-7819 Email: Language(s): English Licenses: None |
| Services Provided: | Provider Meets the following qualifications: | |
| Evaluations ? Yes | All treatment provider qualifications? No | |
| Treatment ? No | All evaluation provider qualifications? No | |
| Adult ? No | All applicant attestation qualifications? Yes | |
| Juvenile ? Yes | | |

| | | |
|---------------------------|---|---|
| Name Main Office Address: | Steve Eisenberg 2848 W. McDonough Street Joliet, IL 60436 | Phone: (815) 725-1206 Fax: (815) 725-7819 Email: stveisenberg@aol.com Language(s): English Licenses: IL LCPC 180-004513 |
| Services Provided: | Provider Meets the following qualifications: | |
| Evaluations ? Yes | All treatment provider qualifications? No | |
| Treatment ? Yes | All evaluation provider qualifications? No | |
| Adult ? Yes | All applicant attestation qualifications? Yes | |
| Juvenile ? Yes | | |

| | | |
|---------------------------|--|---|
| Name Main Office Address: | Dr. Heidi Harlow 2848 W. McDonough Street Joliet, IL 60436 | Phone: (815) 725-1206 Fax: (815) 725-7819 Email: Language(s): English Licenses: LCP |
| Services Provided: | Provider Meets the following qualifications: | |
| Evaluations ? Yes | All treatment provider qualifications? Yes | |
| Treatment ? Yes | All evaluation provider qualifications? Yes | |
| Adult ? No | All applicant attestation qualifications? Yes | |
| Juvenile ? Yes | | |

| | | |
|---------------------------|--|---|
| Name Main Office Address: | Robert Patrick, Psy.D. 2848 W. McDonough Street Joliet, IL 60436 | Phone: (815) 725-1206 Fax: (815) 725-7819 Email: Language(s): English Licenses: IL LCP-071-004690 |
| Services Provided: | Provider Meets the following qualifications: | |
| Evaluations ? Yes | All treatment provider qualifications? No | |
| Treatment ? No | All evaluation provider qualifications? No | |
| Adult ? No | All applicant attestation qualifications? Yes | |
| Juvenile ? Yes | | |



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



Cook

Illinois Youth Center (IYC) - Warrenville

| | | | |
|---------------------------|--|--|----------------|
| Name Main Office Address: | Nancy Andrews P.O. Box 828, 30 W. 200 Ferry Road Warrenville, IL 60555 | Phone: | |
| | | Fax: | |
| | | Email: | |
| Services Provided: | | Language(s): | English |
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | Yes | All treatment provider qualifications? | No |
| Adult ? | Yes | All evaluation provider qualifications? | No |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |
| Name Main Office Address: | Florence Boateng P.O. Box 828, 30 W. 200 Ferry Road Warrenville, IL 60555 | Phone: | (630) 983-6231 |
| | | Fax: | (630) 983-3589 |
| | | Email: | |
| Services Provided: | | Language(s): | English |
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | No | All evaluation provider qualifications? | No |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |
| Name Main Office Address: | Deborah Goss-Johnson P.O. Box 828, 30 W. 200 Ferry Road Warrenville, IL 60555 | Phone: | (630) 983-6231 |
| | | Fax: | (630) 983-3589 |
| | | Email: | |
| Services Provided: | | Language(s): | English |
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | No | All evaluation provider qualifications? | No |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |
| Name Main Office Address: | Robert V. Prescott, Ph.D. P.O. Box 828, 30 W. 200 Ferry Road Warrenville, IL 60555 | Phone: | (630) 983-6231 |
| | | Fax: | (630) 983-3589 |
| | | Email: | |
| Services Provided: | | Language(s): | English |
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | No | All evaluation provider qualifications? | No |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |

Stateville - Northern Reception & Classification Center (NRC)

| | | | |
|---------------------------|--|--|-----------------------|
| Name Main Office Address: | Charles R. Bartels 900 Ogden Avenue, Suite 214 Downers Grove, IL 60515 | Phone: | (815) 727-7801 |
| | | Fax: | |
| | | Email: | |
| Services Provided: | | Language(s): | English |
| Evaluations ? | No | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | Yes | All evaluation provider qualifications? | No |
| Juvenile ? | No | All applicant attestation qualifications: | Yes |
| Name Main Office Address: | James Corcoran, M.D. 900 Ogden Avenue, Suite 214 Downers Grove, IL 60515 | Phone: | (630) 784-3898 |
| | | Fax: | (630) 784-3899 |
| | | Email: | |
| Services Provided: | | Language(s): | English , Spanish |
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | Yes | All evaluation provider qualifications? | Yes |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |
| Name Main Office Address: | Dr. Richard Ibe Route 53, P.O. Box 112 Joliet, IL 60434 | Phone: | (815) 727-6141 x457 |
| | | Fax: | (815) 727-1570 |
| | | Email: | ribe@idoc.state.il.us |
| Services Provided: | | Language(s): | English |
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | Yes | All evaluation provider qualifications? | No |
| Juvenile ? | No | All applicant attestation qualifications: | Yes |



Sex Offender Management Board - IDOC Interim Approved Provider List By County



DeKalb

Illinois Youth Center (IYC) - Warrenville

| | | | |
|---------------------------|--|--|----------------|
| Name Main Office Address: | Nancy Andrews P.O. Box 828, 30 W. 200 Ferry Road Warrenville, IL 60555 | Phone: | |
| | | Fax: | |
| | | Email: | |
| Services Provided: | | Language(s): | English |
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | Yes | All treatment provider qualifications? | No |
| Adult ? | Yes | All evaluation provider qualifications? | No |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |
| Name Main Office Address: | Florence Boateng P.O. Box 828, 30 W. 200 Ferry Road Warrenville, IL 60555 | Phone: | (630) 983-6231 |
| | | Fax: | (630) 983-3589 |
| | | Email: | |
| Services Provided: | | Language(s): | English |
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | No | All evaluation provider qualifications? | No |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |
| Name Main Office Address: | Deborah Goss-Johnson P.O. Box 828, 30 W. 200 Ferry Road Warrenville, IL 60555 | Phone: | (630) 983-6231 |
| | | Fax: | (630) 983-3589 |
| | | Email: | |
| Services Provided: | | Language(s): | English |
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | No | All evaluation provider qualifications? | No |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |
| Name Main Office Address: | Robert V. Prescott, Ph.D. P.O. Box 828, 30 W. 200 Ferry Road Warrenville, IL 60555 | Phone: | (630) 983-6231 |
| | | Fax: | (630) 983-3589 |
| | | Email: | |
| Services Provided: | | Language(s): | English |
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | No | All evaluation provider qualifications? | No |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |

DuPage

Alternative Behavior Treatment Centers (ABTC)

| | | | |
|---------------------------|---|--|----------------|
| Name Main Office Address: | Kenneth G. Queen 27255 N. Fairfield Road Mundelein, IL 60060 | Phone: | (309) 852-3651 |
| | | Fax: | (309) 852-3515 |
| | | Email: | |
| Services Provided: | | Language(s): | English |
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | Yes | All treatment provider qualifications? | Yes |
| Adult ? | Yes | All evaluation provider qualifications? | Yes |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |
| Name Main Office Address: | Maxine Ross (IDOC) 2021 Kentville Road, P. O. Box 518 Kewanee, IL 61443 | Phone: | (309) 852-3651 |
| | | Fax: | (309) 852-3515 |
| | | Email: | |
| Services Provided: | | Language(s): | English |
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | Yes | All treatment provider qualifications? | No |
| Adult ? | Yes | All evaluation provider qualifications? | No |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



DuPage

Illinois Youth Center (IYC) - St. Charles

Name Main Office Address: John M. Eppolito
3825 Campton Hills Road
St. Charles, IL 60175

Phone: (630) 584-0506
Fax: (630) 513-0511

Services Provided:

Evaluations ? Yes
Treatment ? No
Adult ? No
Juvenile ? Yes

Provider Meets the following qualifications:
All treatment provider qualifications? No
All evaluation provider qualifications? No
All applicant attestation qualifications: Yes

Email:
Language(s): English
Licenses: IL LCP

Name Main Office Address: Jolene Harbaugh
3825 Campton Hills Road
St. Charles, IL 60175

Phone: (630) 584-0506
Fax: (630) 513-0511
Email: joleneharbaugh@doc.illinois.gov

Services Provided:

Evaluations ? Yes
Treatment ? No
Adult ? No
Juvenile ? Yes

Provider Meets the following qualifications:
All treatment provider qualifications? No
All evaluation provider qualifications? No
All applicant attestation qualifications: Yes

Language(s): English
Licenses: IL LCP #071-0062233

Name Main Office Address: Daniel J. Kozubal
3825 Campton Hills Road
St. Charles, IL 60175

Phone: (630) 584-0506 x266
Fax: (630) 513-0511
Email: kozubal@att.net

Services Provided:

Evaluations ? Yes
Treatment ? Yes
Adult ? Yes
Juvenile ? Yes

Provider Meets the following qualifications:
All treatment provider qualifications? Yes
All evaluation provider qualifications? Yes
All applicant attestation qualifications: Yes

Language(s): English
Licenses: IL LCP #071-003041

Name Main Office Address: Jesse Sekey
3825 Campton Hills Road
St. Charles, IL 60175

Phone: (630) 584-0506
Fax: (630) 513-0511

Services Provided:

Evaluations ? Yes
Treatment ? Yes
Adult ? No
Juvenile ? Yes

Provider Meets the following qualifications:
All treatment provider qualifications? Yes
All evaluation provider qualifications? Yes
All applicant attestation qualifications: Yes

Email:
Language(s): English
Licenses: IL LCP

Name Main Office Address: Kevin Whitson
3825 Campton Hills Road
St. Charles, IL 60175

Phone: (630) 584-0506
Fax: (630) 513-0511

Services Provided:

Evaluations ? Yes
Treatment ? No
Adult ? No
Juvenile ? Yes

Provider Meets the following qualifications:
All treatment provider qualifications? No
All evaluation provider qualifications? No
All applicant attestation qualifications: Yes

Email:
Language(s): English
Licenses: IL LCP

Illinois Youth Center (IYC) - Warrenville

Name Main Office Address: Nancy Andrews
P.O. Box 828, 30 W. 200 Ferry Road
Warrenville, IL 60555

Phone:
Fax:
Email:
Language(s): English
Licenses: ATR-BC, LCSW

Services Provided:

Evaluations ? Yes
Treatment ? Yes
Adult ? Yes
Juvenile ? Yes

Provider Meets the following qualifications:
All treatment provider qualifications? No
All evaluation provider qualifications? No
All applicant attestation qualifications: Yes

Name Main Office Address: Florence Boateng
P.O. Box 828, 30 W. 200 Ferry Road
Warrenville, IL 60555

Phone: (630) 983-6231
Fax: (630) 983-3589

Services Provided:

Evaluations ? Yes
Treatment ? No
Adult ? No
Juvenile ? Yes

Provider Meets the following qualifications:
All treatment provider qualifications? No
All evaluation provider qualifications? No
All applicant attestation qualifications: Yes

Email:
Language(s): English
Licenses:



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



DuPage

Illinois Youth Center (IYC) - Warrenville

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Deborah Goss-Johnson P.O. Box 828, 30 W. 200 Ferry Road Warrenville, IL 60555 | Phone: (630) 983-6231 Fax: (630) 983-3589 Email: |
| Services Provided: | | Language(s): English Licenses: IL LSW #150-00850, Masters |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Robert V. Prescott, Ph.D. P.O. Box 828, 30 W. 200 Ferry Road Warrenville, IL 60555 | Phone: (630) 983-6231 Fax: (630) 983-3589 Email: |
| Services Provided: | | Language(s): English Licenses: IL-LCP #071-004200 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |

Stateville - Northern Reception & Classification Center (NRC)

| | | |
|---------------------------|--|---|
| Name Main Office Address: | Charles R. Bartels 900 Ogden Avenue, Suite 214 Downers Grove, IL 60515 | Phone: (815) 727-7801 Fax: Email: |
| Services Provided: | | Language(s): English Licenses: |
| Evaluations ? | No | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |

| | | |
|---------------------------|--|--|
| Name Main Office Address: | James Corcoran, M.D. 900 Ogden Avenue, Suite 214 Downers Grove, IL 60515 | Phone: (630) 784-3898 Fax: (630) 784-3899 Email: |
| Services Provided: | | Language(s): English , Spanish Licenses: IL Physician #036-088292, General Psychiatry Board Certification #41669, Forensic Psychiatry Board Certification #0919 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |

| | | |
|---------------------------|---|---|
| Name Main Office Address: | Dr. Richard Ibe Route 53, P.O. Box 112 Joliet, IL 60434 | Phone: (815) 727-6141 x457 Fax: (815) 727-1570 Email: ribe@idoc.state.il.us |
| Services Provided: | | Language(s): English Licenses: DABPS (Forensics) |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |

Stateville Correctional Center

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Dr. Wendy Blank-Navarro Route 53, P.O. Box 112 Joliet, IL 60434 | Phone: (630) 983-6231 Fax: (630) 983-3589 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCP, #071-006119 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Dr. Wayne H. Fink Route 53, P.O. Box 112 Joliet, IL 60434 | Phone: (815) 727-3607 x5546 Fax: Email: |
| Services Provided: | | Language(s): English Licenses: IL LCP-#071-005384 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | No | All applicant attestation qualifications: Yes |



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



Fayette

Vandalia Correctional Center

Name Main Office Address: James A. Kaganich, Psy.D.
P.O. Box 500
Vandalia, IL 62471

Phone: (618) 283-4170
Fax: (618) 283-9147

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | Yes | All treatment provider qualifications? | Yes |
| Adult ? | Yes | All evaluation provider qualifications? | Yes |
| Juvenile ? | No | All applicant attestation qualifications: | Yes |

Email:
Language(s): English
Licenses:

Name Main Office Address: Tiffany Pruett
P.O. Box 500
Vandalia, IL 62471

Phone: (618) 283-4170
Fax:

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | Yes | All evaluation provider qualifications? | No |
| Juvenile ? | No | All applicant attestation qualifications: | Yes |

Email:
Language(s): English
Licenses: M.A. Counseling, Psy.D. Student

Henry

Alternative Behavior Treatment Centers (ABTC)

Name Main Office Address: Kenneth G. Queen
27255 N. Fairfield Road
Mundelein, IL 60060

Phone: (309) 852-3651
Fax: (309) 852-3515

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | Yes | All treatment provider qualifications? | Yes |
| Adult ? | Yes | All evaluation provider qualifications? | Yes |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |

Email:
Language(s): English
Licenses: IL LPC 178-004103

Name Main Office Address: Maxine Ross (IDOC)
2021 Kentville Road, P. O. Box 518
Kewanee, IL 61443

Phone: (309) 852-3651
Fax: (309) 852-3515

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | Yes | All treatment provider qualifications? | No |
| Adult ? | Yes | All evaluation provider qualifications? | No |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |

Email:
Language(s): English
Licenses:

Illinois Department of Juvenile Justice

Name Main Office Address: Laura Donavon
DHS Division - P.O. Box 128
Oswego, IL 60548

Phone: (773) 682-4097
Fax: (866) 818-2444
Email: laura.donavon@illinois.gov

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | No | All evaluation provider qualifications? | No |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |

Language(s): English
Licenses: IL LCSW #149-012518, CADC #21694, CCJAP #22336

Name Main Office Address: Victor Kersey (IDOC)
2021 Kentville Road, P.O. Box 518
Kewanee, IL 61443

Phone: (815) 727-3607 x5575
Fax: (309) 852-3515

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | Yes | All treatment provider qualifications? | No |
| Adult ? | Yes | All evaluation provider qualifications? | No |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |

Email:
Language(s): English
Licenses:



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



Henry

Illinois Department of Juvenile Justice

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Jeffrey P. L. Sim 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443 | Phone: (309) 852-4601 Fax: (309) 852-3719 Email: jeff.sim@doc.illinois.gov |
| Services Provided: | | Language(s): English Licenses: IL LCP #071-007028 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |

Jackson

Illinois Youth Center (IYC) - Harrisburg

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Polly A. Basta 1201 W. Poplar, P.O. Box 300 Harrisburg, IL 62946 | Phone: (618) 252-8681 Fax: (618) 252-4495 Email: |
| Services Provided: | | Language(s): English Licenses: MSW |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | No | All evaluation provider qualifications? Yes |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |

| | | |
|---------------------------|--|---|
| Name Main Office Address: | Peggy J. Belford 1201 W. Poplar, P.O. Box 300 Harrisburg, IL 62946 | Phone: (618) 252-8681 x286 Fax: (618) 252-4495 Email: |
| Services Provided: | | Language(s): English Licenses: IL-LCSW-#149-011314 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |

| | | |
|---------------------------|--|---|
| Name Main Office Address: | Carol Blackman 1201 W. Poplar, P.O. Box 300 Harrisburg, IL 62946 | Phone: (618) 252-8681 Fax: Email: |
| Services Provided: | | Language(s): English Licenses: LSW |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Frank X. Kosmicki, Ph.D. (IDOC) 1201 W. Poplar, P.O. Box 300 Harrisburg, IL 62946 | Phone: (618) 252-8681 x286 Fax: (618) 252-4495 Email: kosmicki@siu.edu |
| Services Provided: | | Language(s): English Licenses: IL LCP #071-006668 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Robyn A. Piche 1201 W. Poplar, P.O. Box 300 Harrisburg, IL 62946 | Phone: (618) 252-8681 Fax: (618) 252-4495 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCPC, AMRP, QMHP |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



Jackson

Illinois Youth Center (IYC) - Murphysboro

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Leslie K. Dierks 636 Elza Brantley Drive Murphysboro, IL 62966 | Phone: (618) 684-8500 x2226 Fax: (618) 684-2919 Email: |
| Services Provided: | | Language(s): English Licenses: CADC |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Donald E. Julian 636 Elza Brantley Drive Murphysboro, IL 62966 | Phone: (618) 684-8500 Fax: (618) 684-2919 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCPC- #180-002483, CCJP |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Mark A. Pearson, M.A. 636 Elza Brantley Drive Murphysboro, IL 62966 | Phone: (618) 684-8500 Fax: Email: |
| Services Provided: | | Language(s): English Licenses: |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |

Jefferson

Big Muddy River Correctional Center

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Mark S. Carich, Ph.D. (IDOC) P.O. Box 1000 Ina, IL 62846 | Phone: (618) 437-5300 x340 Fax: (618) 437-5588 Email: mcarich@aol.com |
| Services Provided: | | Language(s): English Licenses: IL LPC 180-00487, LCPC - #178-002005, Clinical ATSA Member, IL-ATSA Member |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | No | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Watson, MS Charles A. P.O. Box 1000 Ina, IL 62846 | Phone: (618) 437-5300 Fax: Email: |
| Services Provided: | | Language(s): English Licenses: |
| Evaluations ? | No | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: No |
| Name Main Office Address: | Dorkowski, MA, LPC Gerard P.O. Box 1000 Ina, IL 62846 | Phone: (618) 437-5300 Fax: Email: dobkowskig@yahoo.com |
| Services Provided: | | Language(s): English Licenses: IL LPC |
| Evaluations ? | No | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: No |
| Name Main Office Address: | Toni Isaacs P.O. Box 1000 Ina, IL 62846 | Phone: (618) 927-4789 Fax: (618) 437-5703 Email: |
| Services Provided: | | Language(s): English Licenses: |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | No | All applicant attestation qualifications: Yes |



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



Jefferson

Big Muddy River Correctional Center

Name Main Office Address: Karen A. Kirschke, MS (IDOC)
P.O. Box 1000
Ina, IL 62846

Phone: (618) 437-5300 x336

Fax: (618) 437-5883

Email:

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | Yes | All treatment provider qualifications? | Yes |
| Adult ? | Yes | All evaluation provider qualifications? | Yes |
| Juvenile ? | No | All applicant attestation qualifications: | Yes |

Language(s): English

Licenses: IL LCPC #180-004999

Name Main Office Address: Richelle Konczak, MA, LPC
P.O. Box 1000
Ina, IL 62846

Phone: (618) 437-5300

Fax: (618) 437-5703

Email:

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | Yes | All treatment provider qualifications? | No |
| Adult ? | Yes | All evaluation provider qualifications? | No |
| Juvenile ? | No | All applicant attestation qualifications: | Yes |

Language(s): English

Licenses: IL LPC

Name Main Office Address: Karen Spilman, MSW
P.O. Box 1000
Ina, IL 62846

Phone: (618) 437-5300 x337

Fax: (618) 437-5703

Email: kspills713@hotmail.com

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | Yes | All treatment provider qualifications? | Yes |
| Adult ? | Yes | All evaluation provider qualifications? | Yes |
| Juvenile ? | No | All applicant attestation qualifications: | Yes |

Language(s): English

Licenses: IL LCSW - #149-012022

Name Main Office Address: Angeline Stanislaus, M.D. (IDOC)
P.O. Box 1000
Ina, IL 62846

Phone: (618) 437-5300

Fax:

Email: astanislaus@hotmail.com

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | Yes | All evaluation provider qualifications? | No |
| Juvenile ? | No | All applicant attestation qualifications: | Yes |

Language(s): English , Malayalam , Tamil

Licenses: IL #036-102686 & MO Licensed Physician,
Board Certifications in General Psychiatry &
Forensic Psychiatry

Name Main Office Address: Jessica Stover
P.O. Box 1000
Ina, IL 62846

Phone: (618) 437-5300

Fax: (618) 437-5883

Email:

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | Yes | All treatment provider qualifications? | Yes |
| Adult ? | Yes | All evaluation provider qualifications? | Yes |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |

Language(s): English

Licenses: IL LCSW #149-013078

Jersey

Illinois Youth Center (IYC) - Pere Marquette

Name Main Office Address: Jamie A. House
17808 State Highway 100 West
Grafton, IL 62037

Phone: (618) 786-2371

Fax: (618) 786-3680

Email:

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | Yes | All evaluation provider qualifications? | No |
| Juvenile ? | No | All applicant attestation qualifications: | Yes |

Language(s): English

Licenses: IL LPC #178-003776



Sex Offender Management Board - IDOC Interim Approved Provider List By County



Johnson

Shawnee Correctional Center

Name Main Office Address: Kristin Hammersley
6665 Route 146 East, P. O. Box 400
Vienna, IL 62995

Phone: (618) 658-8331
Fax: (618) 658-4027

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | Yes | All evaluation provider qualifications? | Yes |
| Juvenile ? | No | All applicant attestation qualifications: | Yes |

Email:
Language(s): English
Licenses: IL LCSW 149-009687

Vienna Correctional Center

Name Main Office Address: Kristin E. Francis
State Route 6695, Hwy 146E
Vienna, IL 62995

Phone: (618) 658-8371 x645
Fax: (618) 658-4069

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | Yes | All evaluation provider qualifications? | No |
| Juvenile ? | No | All applicant attestation qualifications: | Yes |

Email:
Language(s): English
Licenses: IL LCSW #149-010126

Kane

Alternative Behavior Treatment Centers (ABTC)

Name Main Office Address: Kenneth G. Queen
27255 N. Fairfield Road
Mundelein, IL 60060

Phone: (309) 852-3651
Fax: (309) 852-3515

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | Yes | All treatment provider qualifications? | Yes |
| Adult ? | Yes | All evaluation provider qualifications? | Yes |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |

Email:
Language(s): English
Licenses: IL LPC 178-004103

Name Main Office Address: Maxine Ross (IDOC)
2021 Kentville Road, P. O. Box 518
Kewanee, IL 61443

Phone: (309) 852-3651
Fax: (309) 852-3515

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | Yes | All treatment provider qualifications? | No |
| Adult ? | Yes | All evaluation provider qualifications? | No |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |

Email:
Language(s): English
Licenses:

Illinois Youth Center (IYC) - St. Charles

Name Main Office Address: John M. Eppolito
3825 Campion Hills Road
St. Charles, IL 60175

Phone: (630) 584-0506
Fax: (630) 513-0511

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | No | All evaluation provider qualifications? | No |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |

Email:
Language(s): English
Licenses: IL LCP

Name Main Office Address: Jolene Harbaugh
3825 Campion Hills Road
St. Charles, IL 60175

Phone: (630) 584-0506
Fax: (630) 513-0511

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | No | All evaluation provider qualifications? | No |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |

Email: joleneharbaugh@doc.illinois.gov
Language(s): English
Licenses: IL LCP #071-0062233



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



Kane

Illinois Youth Center (IYC) - St. Charles

| | | |
|---------------------------|---|---|
| Name Main Office Address: | Daniel J. Kozubal 3825 Campton Hills Road St. Charles, IL 60175 | Phone: (630) 584-0506 x266 Fax: (630) 513-0511 Email: kozubal@att.net Language(s): English Licenses: IL LCP #071-003041 |
| <i>Services Provided:</i> | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | Yes | All applicant attestation qualifications? Yes |

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Jesse Sekey 3825 Campton Hills Road St. Charles, IL 60175 | Phone: (630) 584-0506 Fax: (630) 513-0511 Email: Language(s): English Licenses: IL LCP |
| <i>Services Provided:</i> | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | No | All evaluation provider qualifications? Yes |
| Juvenile ? | Yes | All applicant attestation qualifications? Yes |

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Kevin Whitson 3825 Campton Hills Road St. Charles, IL 60175 | Phone: (630) 584-0506 Fax: (630) 513-0511 Email: Language(s): English Licenses: IL LCP |
| <i>Services Provided:</i> | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications? Yes |

Kendall

Illinois Youth Center (IYC) - St. Charles

| | | |
|---------------------------|--|--|
| Name Main Office Address: | John M. Eppolito 3825 Campton Hills Road St. Charles, IL 60175 | Phone: (630) 584-0506 Fax: (630) 513-0511 Email: Language(s): English Licenses: IL LCP |
| <i>Services Provided:</i> | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications? Yes |

| | | |
|---------------------------|---|---|
| Name Main Office Address: | Jolene Harbaugh 3825 Campton Hills Road St. Charles, IL 60175 | Phone: (630) 584-0506 Fax: (630) 513-0511 Email: joleneharbaugh@doc.illinois.gov Language(s): English Licenses: IL LCP #071-0062233 |
| <i>Services Provided:</i> | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications? Yes |

| | | |
|---------------------------|---|---|
| Name Main Office Address: | Daniel J. Kozubal 3825 Campton Hills Road St. Charles, IL 60175 | Phone: (630) 584-0506 x266 Fax: (630) 513-0511 Email: kozubal@att.net Language(s): English Licenses: IL LCP #071-003041 |
| <i>Services Provided:</i> | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | Yes | All applicant attestation qualifications? Yes |

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Jesse Sekey 3825 Campton Hills Road St. Charles, IL 60175 | Phone: (630) 584-0506 Fax: (630) 513-0511 Email: Language(s): English Licenses: IL LCP |
| <i>Services Provided:</i> | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | No | All evaluation provider qualifications? Yes |
| Juvenile ? | Yes | All applicant attestation qualifications? Yes |



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



Kendall

Illinois Youth Center (IYC) - St. Charles

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Kevin Whitson 3825 Campton Hills Road St. Charles, IL 60175 | Phone: (630) 584-0506 Fax: (630) 513-0511 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCP |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |

Knox

Hill Correctional Center

| | | |
|---------------------------|---|--|
| Name Main Office Address: | James E. Tiller, Ph.D. 600 Linwood Road, P.O. Box 327 Galesburg, IL 61402 | Phone: (309) 343-4212 Fax: (309) 344-8547 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCP |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | No | All applicant attestation qualifications: Yes |

Lake

Alternative Behavior Treatment Centers (ABTC)

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Kenneth G. Queen 27255 N. Fairfield Road Mundelein, IL 60060 | Phone: (309) 852-3651 Fax: (309) 852-3515 Email: |
| Services Provided: | | Language(s): English Licenses: IL LPC 178-004103 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Maxine Ross (IDOC) 2021 Kentville Road, P. O. Box 518 Kewanee, IL 61443 | Phone: (309) 852-3651 Fax: (309) 852-3515 Email: |
| Services Provided: | | Language(s): English Licenses: |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |

Dixon Correctional Center

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Elaine M. Bochenek, Psy.D. (IDOC) 2600 N. Brinton Avenue Dixon, IL 61021 | Phone: (815) 288-5561 Fax: (815) 496-3465 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCP, CADAC |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | No | All applicant attestation qualifications: Yes |

| | | |
|---------------------------|---|---|
| Name Main Office Address: | Nicolari, PsyD Deborah 2600 N. Brinton Avenue Dixon, IL 61021 | Phone: (312) 213-2875 Fax: (815) 288-1968 Email: drdnic@yahoo.com |
| Services Provided: | | Language(s): English Licenses: IL LCP #071-007364 |
| Evaluations ? | No | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



Lake

Dixon Correctional Center

| | | |
|----------------------------|---|--|
| Name .Main Office Address: | James Matthew Finn 2600 N. Brinton Avenue Dixon, IL 61021 | Phone: (815) 288-5561 x3171 Fax: (815) 288-1968 Email: |
| <i>Services Provided:</i> | | Language(s): English Licenses: IL LCP #071-006549, Cognitive-Behavioral Therapy Certificate |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | Yes | All applicant attestation qualifications? Yes |
| Name .Main Office Address: | Philip A. Jorgensen, LCSW 2600 N. Brinton Avenue Dixon, IL 61021 | Phone: (815) 288-5561 Fax: (815) 288-1968 Email: |
| <i>Services Provided:</i> | | Language(s): English Licenses: IL LCSW, ACSW |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications? Yes |
| Name .Main Office Address: | Cheryl Price 2600 N. Brinton Avenue Dixon, IL 61021 | Phone: (815) 288-5561 Fax: (815) 288-1968 Email: |
| <i>Services Provided:</i> | | Language(s): English Licenses: IL LCSW |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications? Yes |
| Name .Main Office Address: | Patricia A. Vickroy, Psy.D., LCP 2600 N. Brinton Avenue Dixon, IL 61021 | Phone: (815) 288-5561 Fax: (815) 288-1968 Email: |
| <i>Services Provided:</i> | | Language(s): English Licenses: IL LCP #071-006502 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications? Yes |
| Name .Main Office Address: | Keith A. Vunesky 2600 N. Brinton Avenue Dixon, IL 61021 | Phone: (815) 288-5561 Fax: (815) 288-1968 Email: k_vunesky@hotmail.com |
| <i>Services Provided:</i> | | Language(s): English Licenses: |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications? Yes |
| Name .Main Office Address: | Lawrence R. Weiner, Psy.D., CADC, MISA II, CCJAP 2600 N. Brinton Avenue Dixon, IL 61021 | Phone: (815) 288-5561 x3166 Fax: (815) 288-1968 Email: larry.weiner@doc.illinois.gov |
| <i>Services Provided:</i> | | Language(s): English Licenses: CADC, MISA II, CCJAP |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | No | All applicant attestation qualifications? Yes |
| Name .Main Office Address: | Melissa Winter, Psy.D. 2600 N. Brinton Avenue Dixon, IL 61021 | Phone: (815) 288-5561 Fax: (815) 288-1968 Email: |
| <i>Services Provided:</i> | | Language(s): English Licenses: N/A |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications? Yes |



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



Lake

Illinois Department of Juvenile Justice

| | | |
|---------------------------|--|---|
| Name Main Office Address: | Laura Donavon DHS Division - P.O. Box 128 Oswego, IL 60548 | Phone: (773) 682-4097 Fax: (866) 818-2444 Email: laura.donavon@illinois.gov |
| <i>Services Provided:</i> | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Victor Kersey (IDOC) 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443 | Phone: (815) 727-3607 x5575 Fax: (309) 852-3515 Email: |
| <i>Services Provided:</i> | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Jeffrey P. L. Sim 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443 | Phone: (309) 852-4601 Fax: (309) 852-3719 Email: jeff.sim@doc.illinois.gov |
| <i>Services Provided:</i> | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |

LaSalle

Anmat Consulting

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Ilyse Grinberg, PsyD 946 Great Plain Ave, #197 Needham, MA 02492 | Phone: (847) 738-0022 Fax: (781) 449-4578 Email: ilysegrin76@gmail.com |
| <i>Services Provided:</i> | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |

Sheridan Correctional Center

| | | |
|---------------------------|---|---|
| Name Main Office Address: | Briget Lanktree 4017 E. 2603 Road Sheridan, IL 60551 | Phone: (815) 496-2181 Fax: (815) 496-3465 Email: brigetlanktree@yahoo.com |
| <i>Services Provided:</i> | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Trentyn Lapp, MA, LCPC 4017 E. 2603 Road Sheridan, IL 60551 | Phone: (815) 496-2181 x2354 Fax: (815) 496-3920 Email: |
| <i>Services Provided:</i> | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



Lee

Dixon Correctional Center

| | | |
|----------------------------|--|--|
| Name .Main Office Address: | Elaine M. Bochenek, Psy.D. (IDOC) 2600 N. Brinton Avenue Dixon, IL 61021 | Phone: (815) 288-5561 Fax: (815) 496-3465 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCP, CADC |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | No | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Nicolari, PsyD Deborah 2600 N. Brinton Avenue Dixon, IL 61021 | Phone: (312) 213-2875 Fax: (815) 288-1968 Email: drdnic@yahoo.com |
| Services Provided: | | Language(s): English Licenses: IL LCP #071-007364 |
| Evaluations ? | No | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |
| Name .Main Office Address: | James Matthew Finn 2600 N. Brinton Avenue Dixon, IL 61021 | Phone: (815) 288-5561 x3171 Fax: (815) 288-1968 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCP #071-006549, Cognitive-Behavioral Therapy Certificate |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Philip A. Jorgensen, LCSW 2600 N. Brinton Avenue Dixon, IL 61021 | Phone: (815) 288-5561 Fax: (815) 288-1968 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCSW, ACSW |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |
| Name .Main Office Address: | Cheryl Price 2600 N. Brinton Avenue Dixon, IL 61021 | Phone: (815) 288-5561 Fax: (815) 288-1968 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCSW |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Patricia A. Vickroy, Psy.D., LCP 2600 N. Brinton Avenue Dixon, IL 61021 | Phone: (815) 288-5561 Fax: (815) 288-1968 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCP #071-006502 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |
| Name .Main Office Address: | Keith A. Vunesky 2600 N. Brinton Avenue Dixon, IL 61021 | Phone: (815) 288-5561 Fax: (815) 288-1968 Email: k_vunesky@hotmail.com |
| Services Provided: | | Language(s): English Licenses: |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



Lee

Dixon Correctional Center

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Lawrence R. Weiner, Psy.D., CADC, MISA II, CCJAP 2600 N. Brinton Avenue Dixon, IL 61021 | Phone: (815) 288-5561 x3166 Fax: (815) 288-1968 Email: larry.weiner@doc.illinois.gov Language(s): English Licenses: CADC, MISA II, CCJAP |
| Services Provided: | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | No | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Melissa Winter, Psy.D. 2600 N. Brinton Avenue Dixon, IL 61021 | Phone: (815) 288-5561 Fax: (815) 288-1968 Email: Language(s): English Licenses: N/A |
| Services Provided: | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |

Livingston

Dwight Correctional Center

| | | |
|---------------------------|--|---|
| Name Main Office Address: | Patrick J. Horn, Ph.D. 23813 E. 3200 North Road Dwight, IL 60420 | Phone: (815) 584-2806 x2237 Fax: (815) 584-3010 Email: Language(s): English Licenses: Ph.D., IL LCP |
| Services Provided: | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | No | All evaluation provider qualifications? Yes |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |

Pontiac Correctional Center

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Alton Angus 700 W. Lincoln, P.O. Box 99 Pontiac, IL 61764 | Phone: (815) 842-2816 Fax: (815) 842-3420 Email: Language(s): English Licenses: None |
| Services Provided: | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |
| Name Main Office Address: | John Garlick, Psy.D. 700 W. Lincoln, P.O. Box 99 Pontiac, IL 61764 | Phone: (815) 842-2816 x2452 Fax: (815) 842-3826 Email: john.garlick@doc.illinois.gov Language(s): English Licenses: IL- PsyD #071-004288; GA-Licensed Psychologist |
| Services Provided: | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |

Logan

Lincoln Correctional Center

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Marian Dionne 1098 1350th Street, P. O. Box 549 Lincoln, IL 62656 | Phone: (217) 735-5581 x857 Fax: (217) 735-4381 Email: Language(s): English Licenses: IL LCPC |
| Services Provided: | | |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



Logan

Lincoln Correctional Center

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Angela Stahl 1098 1350th Street, P. O. Box 549 Lincoln, IL 62656 | Phone: (217) 735-5411 Fax: (217) 735-5037 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCSW, CADC, MISA II |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |

Logan Correctional Center

| | | |
|---------------------------|---|---|
| Name Main Office Address: | Alex Dawson 1096 1350th Street, P.O. Box 1000 Lincoln, IL 62656 | Phone: (217) 735-5581 Fax: (217) 735-4807 Email: adawson@idoc.state.il.us |
| Services Provided: | | Language(s): English Licenses: CADC |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |

Macon

Decatur Correctional Center

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Sandra S. Walker 2310 E. Mound Road, P.O. Box 3066 Decatur, IL 62524-2066 | Phone: (217) 877-0353 Fax: (217) 876-0769 Email: |
| Services Provided: | | Language(s): English Licenses: |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |

Madison

East St. Louis Sex Offender Treatment Program

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Rodney Clossum, MA, LPC 10 Collinsville East St. Louis, IL 62201 | Phone: (618) 583-2040 Fax: (618) 583-2053 Email: rodney.clossum@doc.illinois.gov |
| Services Provided: | | Language(s): English Licenses: IL LCPC #178-002938 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | No | All applicant attestation qualifications: Yes |

McHenry

Alternative Behavior Treatment Centers (ABTC)

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Kenneth G. Queen 27255 N. Fairfield Road Mundelein, IL 60060 | Phone: (309) 852-3651 Fax: (309) 852-3515 Email: |
| Services Provided: | | Language(s): English Licenses: IL LPC 178-004103 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Maxine Ross (IDOC) 2021 Kentville Road, P. O. Box 518 Kewanee, IL 61443 | Phone: (309) 852-3651 Fax: (309) 852-3515 Email: |
| Services Provided: | | Language(s): English Licenses: |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |



Sex Offender Management Board - IDOC Interim Approved Provider List By County



Mercer

Illinois Department of Juvenile Justice

| | | |
|---------------------------|--|---|
| Name Main Office Address: | Laura Donavon DHS Division - P.O. Box 128 Oswego, IL 60548 | Phone: (773) 682-4097 Fax: (866) 818-2444 Email: laura.donavon@illinois.gov |
| Services Provided: | | Language(s): English Licenses: IL LCSW #149-012518, CADC #21694, CCJAP #22336 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Victor Kersey (IDOC) 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443 | Phone: (815) 727-3607 x5575 Fax: (309) 852-3515 Email: |
| Services Provided: | | Language(s): English Licenses: |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Jeffrey P. L. Sim 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443 | Phone: (309) 852-4601 Fax: (309) 852-3719 Email: jeff.sim@doc.illinois.gov |
| Services Provided: | | Language(s): English Licenses: IL LCP #071-007028 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |

Montgomery

Graham Correctional Center

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Sherry Kalicak P.O. Box 499 Hillsboro, IL 62049 | Phone: (217) 532-6961 Fax: (217) 532-6533 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCPC |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | No | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Augustine O. Nwajei P.O. Box 499 Hillsboro, IL 62049 | Phone: (217) 532-6961 Fax: (217) 532-6533 Email: snwajei@sbcglobal.net |
| Services Provided: | | Language(s): English , Ibo, Yoruba Licenses: M.A. Psychology |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | No | All applicant attestation qualifications: Yes |

Morgan

Jacksonville Correctional Center

| | | |
|---------------------------|--|---|
| Name Main Office Address: | Donald E. Olendzki, MS 2268 W. Morton Jacksonville, IL 62650 | Phone: (217) 245-1481 x256 Fax: (217) 245-9776 Email: |
| Services Provided: | | Language(s): English Licenses: |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | No | All applicant attestation qualifications: Yes |



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



Randolph

Menard Correctional Center

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Kimberly K. Baskin, LSW P.O. Box 711 Menard, IL 62259 | Phone: (618) 826-5071 x2170 Fax: Email: |
| Services Provided: | | Language(s): English Licenses: IL LCSW #150-008548 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |
| Name Main Office Address: | William C. Holz, Ph.D. P.O. Box 711 Menard, IL 62259 | Phone: (618) 826-5071 Fax: (618) 826-2782 Email: |
| Services Provided: | | Language(s): English Licenses: IL Clinical Psychologist #071-003175 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Mary Helen McGreevy, Psy.D., CADC P.O. Box 711 Menard, IL 62259 | Phone: (618) 826-5071 x2170 Fax: (618) 826-5140 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCP #71-005683, MO #2003025248, CADC #15231 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Joseph D. Phillips, LCSW P.O. Box 711 Menard, IL 62259 | Phone: (618) 826-5071 x2170 Fax: Email: |
| Services Provided: | | Language(s): English Licenses: IL LCSW #149-002740 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | No | All applicant attestation qualifications: Yes |

Saline

Illinois Youth Center (IYC) - Harrisburg

| | | |
|---------------------------|--|---|
| Name Main Office Address: | Polly A. Basta 1201 W. Poplar, P.O. Box 300 Harrisburg, IL 62946 | Phone: (618) 252-8681 Fax: (618) 252-4495 Email: |
| Services Provided: | | Language(s): English Licenses: MSW |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | No | All evaluation provider qualifications? Yes |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Peggy J. Belford 1201 W. Poplar, P.O. Box 300 Harrisburg, IL 62946 | Phone: (618) 252-8681 x286 Fax: (618) 252-4495 Email: |
| Services Provided: | | Language(s): English Licenses: IL-LCSW-#149-011314 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Carol Blackman 1201 W. Poplar, P.O. Box 300 Harrisburg, IL 62946 | Phone: (618) 252-8681 Fax: Email: |
| Services Provided: | | Language(s): English Licenses: LSW |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



Saline

Illinois Youth Center (IYC) - Harrisburg

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Frank X. Kosmicki, Ph.D. (IDOC) 1201 W. Poplar, P.O. Box 300 Harrisburg, IL 62946 | Phone: (618) 252-8681 x286 Fax: (618) 252-4495 Email: kosmicki@siu.edu Language(s): English Licenses: IL LCP #071-006668 |
| <i>Services Provided:</i> | Provider Meets the following qualifications: | |
| Evaluations ? Yes | All treatment provider qualifications? No | |
| Treatment ? Yes | All evaluation provider qualifications? No | |
| Adult ? No | All applicant attestation qualifications: Yes | |
| Juvenile ? Yes | | |

| | | |
|---------------------------|--|---|
| Name Main Office Address: | Robyn A. Piche 1201 W. Poplar, P.O. Box 300 Harrisburg, IL 62946 | Phone: (618) 252-8681 Fax: (618) 252-4495 Email: Language(s): English Licenses: IL LCPC, AMRP, QMHP |
| <i>Services Provided:</i> | Provider Meets the following qualifications: | |
| Evaluations ? Yes | All treatment provider qualifications? No | |
| Treatment ? No | All evaluation provider qualifications? No | |
| Adult ? No | All applicant attestation qualifications: Yes | |
| Juvenile ? Yes | | |

Tamms Correctional Center

| | | |
|---------------------------|--|---|
| Name Main Office Address: | Rakesh Chandra, M.D. 200 Supermax Road, P.O. Box 400 Tamms, IL 62988 | Phone: (618) 747-2042 Fax: (618) 747-2647 Email: Language(s): English, Hindi, Portuguese Licenses: IL Medical License |
| <i>Services Provided:</i> | Provider Meets the following qualifications: | |
| Evaluations ? Yes | All treatment provider qualifications? No | |
| Treatment ? No | All evaluation provider qualifications? No | |
| Adult ? Yes | All applicant attestation qualifications: Yes | |
| Juvenile ? No | | |

| | | |
|---------------------------|--|---|
| Name Main Office Address: | Katherine Clover 200 Supermax Road, P.O. Box 400 Tamms, IL 62988 | Phone: (618) 747-2042 Fax: (618) 747-2647 Email: Language(s): English Licenses: IL LCSW |
| <i>Services Provided:</i> | Provider Meets the following qualifications: | |
| Evaluations ? Yes | All treatment provider qualifications? No | |
| Treatment ? No | All evaluation provider qualifications? No | |
| Adult ? Yes | All applicant attestation qualifications: Yes | |
| Juvenile ? No | | |

| | | |
|---------------------------|--|---|
| Name Main Office Address: | Cheryl Couch 200 Supermax Road, P.O. Box 400 Tamms, IL 62988 | Phone: (618) 747-2042 Fax: (618) 747-2647 Email: Language(s): English Licenses: IL LCSW |
| <i>Services Provided:</i> | Provider Meets the following qualifications: | |
| Evaluations ? Yes | All treatment provider qualifications? No | |
| Treatment ? No | All evaluation provider qualifications? No | |
| Adult ? Yes | All applicant attestation qualifications: Yes | |
| Juvenile ? No | | |

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Kelly Rhodes 200 Supermax Road, P.O. Box 400 Tamms, IL 62988 | Phone: (618) 747-2042 Fax: (618) 747-2647 Email: Language(s): English Licenses: IL LCP |
| <i>Services Provided:</i> | Provider Meets the following qualifications: | |
| Evaluations ? Yes | All treatment provider qualifications? No | |
| Treatment ? No | All evaluation provider qualifications? No | |
| Adult ? Yes | All applicant attestation qualifications: Yes | |
| Juvenile ? No | | |

| | | |
|---------------------------|--|---|
| Name Main Office Address: | Jill Stevens 200 Supermax Road, P.O. Box 400 Tamms, IL 62988 | Phone: (618) 747-2042 Fax: (618) 747-2647 Email: Language(s): English Licenses: IL LCPC |
| <i>Services Provided:</i> | Provider Meets the following qualifications: | |
| Evaluations ? Yes | All treatment provider qualifications? No | |
| Treatment ? No | All evaluation provider qualifications? No | |
| Adult ? Yes | All applicant attestation qualifications: Yes | |
| Juvenile ? No | | |



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



Scott

Illinois Department of Juvenile Justice

| | | |
|---------------------------|--|---|
| Name Main Office Address: | Laura Donavon DHS Division - P.O. Box 128 Oswego, IL 60548 | Phone: (773) 682-4097 Fax: (866) 818-2444 Email: laura.donavon@illinois.gov |
| Services Provided: | | Language(s): English Licenses: IL LCSW #149-012518, CADC #21694, CCJAP #22336 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Victor Kersey (IDOC) 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443 | Phone: (815) 727-3607 x5575 Fax: (309) 852-3515 Email: |
| Services Provided: | | Language(s): English Licenses: |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Jeffrey P. L. Sim 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443 | Phone: (309) 852-4601 Fax: (309) 852-3719 Email: jeff.sim@doc.illinois.gov |
| Services Provided: | | Language(s): English Licenses: IL LCP #071-007028 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |

St. Clair

East St. Louis Sex Offender Treatment Program

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Rodney Clossum, MA, LPC 10 Collinsville East St. Louis, IL 62201 | Phone: (618) 583-2040 Fax: (618) 583-2053 Email: rodney.clossum@doc.illinois.gov |
| Services Provided: | | Language(s): English Licenses: IL LCPC #178-002938 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | No | All applicant attestation qualifications: Yes |

Union

Illinois Youth Center (IYC) - Murphysboro

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Leslie K. Dierks 636 Elza Brantley Drive Murphysboro, IL 62966 | Phone: (618) 684-8500 x2226 Fax: (618) 684-2919 Email: |
| Services Provided: | | Language(s): English Licenses: CADC |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |
| Name Main Office Address: | Donald E. Julian 636 Elza Brantley Drive Murphysboro, IL 62966 | Phone: (618) 684-8500 Fax: (618) 684-2919 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCPC- #180-002483, CCJP |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications: Yes |



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



Union

Illinois Youth Center (IYC) - Murphysboro

| | | |
|---------------------------|---|-----------------------|
| Name Main Office Address: | Mark A. Pearson, M.A. 636 Elza Brantley Drive Murphysboro, IL 62966 | Phone: (618) 684-8500 |
| | | Fax: |
| | | Email: |
| Services Provided: | | Language(s): English |
| Evaluations ? Yes | Provider Meets the following qualifications: | Licenses: |
| Treatment ? No | All treatment provider qualifications? No | |
| Adult ? No | All evaluation provider qualifications? No | |
| Juvenile ? Yes | All applicant attestation qualifications: Yes | |

Whiteside

Alternative Behavior Treatment Centers (ABTC)

| | | |
|---------------------------|--|-----------------------------|
| Name Main Office Address: | Kenneth G. Queen 27255 N. Fairfield Road Mundelein, IL 60060 | Phone: (309) 852-3651 |
| | | Fax: (309) 852-3515 |
| | | Email: |
| Services Provided: | | Language(s): English |
| Evaluations ? Yes | Provider Meets the following qualifications: | Licenses: IL LPC 178-004103 |
| Treatment ? Yes | All treatment provider qualifications? Yes | |
| Adult ? Yes | All evaluation provider qualifications? Yes | |
| Juvenile ? Yes | All applicant attestation qualifications: Yes | |

| | | |
|---------------------------|---|-----------------------|
| Name Main Office Address: | Maxine Ross (IDOC) 2021 Kentville Road, P. O. Box 518 Kewanee, IL 61443 | Phone: (309) 852-3651 |
| | | Fax: (309) 852-3515 |
| | | Email: |
| Services Provided: | | Language(s): English |
| Evaluations ? Yes | Provider Meets the following qualifications: | Licenses: |
| Treatment ? Yes | All treatment provider qualifications? No | |
| Adult ? Yes | All evaluation provider qualifications? No | |
| Juvenile ? Yes | All applicant attestation qualifications: Yes | |

Illinois Department of Juvenile Justice

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Laura Donavon DHS Division - P.O. Box 128 Oswego, IL 60548 | Phone: (773) 682-4097 |
| | | Fax: (866) 818-2444 |
| | | Email: laura.donavon@illinois.gov |
| Services Provided: | | Language(s): English |
| Evaluations ? Yes | Provider Meets the following qualifications: | Licenses: IL LCSW #149-012518, CADC #21694, CCJAP #22336 |
| Treatment ? No | All treatment provider qualifications? No | |
| Adult ? No | All evaluation provider qualifications? No | |
| Juvenile ? Yes | All applicant attestation qualifications: Yes | |

| | | |
|---------------------------|--|-----------------------------|
| Name Main Office Address: | Victor Kersey (IDOC) 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443 | Phone: (815) 727-3607 x5575 |
| | | Fax: (309) 852-3515 |
| | | Email: |
| Services Provided: | | Language(s): English |
| Evaluations ? Yes | Provider Meets the following qualifications: | Licenses: |
| Treatment ? Yes | All treatment provider qualifications? No | |
| Adult ? Yes | All evaluation provider qualifications? No | |
| Juvenile ? Yes | All applicant attestation qualifications: Yes | |

| | | |
|---------------------------|---|----------------------------------|
| Name Main Office Address: | Jeffrey P. L. Sim 2021 Kentville Road, P.O. Box 518 Kewanee, IL 61443 | Phone: (309) 852-4601 |
| | | Fax: (309) 852-3719 |
| | | Email: jeff.sim@doc.illinois.gov |
| Services Provided: | | Language(s): English |
| Evaluations ? Yes | Provider Meets the following qualifications: | Licenses: IL LCP #071-007028 |
| Treatment ? Yes | All treatment provider qualifications? No | |
| Adult ? Yes | All evaluation provider qualifications? No | |
| Juvenile ? Yes | All applicant attestation qualifications: Yes | |



Sex Offender Management Board - IDOC

Interim Approved Provider List By County



Will

Alternative Behavior Treatment Centers (ABTC)

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Kenneth G. Queen 27255 N. Fairfield Road Mundelein, IL 60060 | Phone: (309) 852-3651 Fax: (309) 852-3515 Email: |
| Services Provided: | | Language(s): English Licenses: IL LPC 178-004103 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | Yes | All evaluation provider qualifications? Yes |
| Juvenile ? | Yes | All applicant attestation qualifications? Yes |

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Maxine Ross (IDOC) 2021 Kentville Road, P. O. Box 518 Kewanee, IL 61443 | Phone: (309) 852-3651 Fax: (309) 852-3515 Email: |
| Services Provided: | | Language(s): English Licenses: |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications? Yes |

Dwight Correctional Center

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Patrick J. Horn, Ph.D. 23813 E. 3200 North Road Dwight, IL 60420 | Phone: (815) 584-2806 x2237 Fax: (815) 584-3010 Email: |
| Services Provided: | | Language(s): English Licenses: Ph.D., IL LCP |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | No | All evaluation provider qualifications? Yes |
| Juvenile ? | Yes | All applicant attestation qualifications? Yes |

Illinois Youth Center (IYC) - Joliet

| | | |
|---------------------------|---|--|
| Name Main Office Address: | Larry Collins 2848 W. McDonough Street Joliet, IL 60436 | Phone: (815) 725-1206 Fax: (815) 725-7819 Email: |
| Services Provided: | | Language(s): English Licenses: None |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications? Yes |

| | | |
|---------------------------|---|---|
| Name Main Office Address: | Steve Eisenberg 2848 W. McDonough Street Joliet, IL 60436 | Phone: (815) 725-1206 Fax: (815) 725-7819 Email: stveisenberg@aol.com |
| Services Provided: | | Language(s): English Licenses: IL LCPC 180-004513 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? No |
| Adult ? | Yes | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications? Yes |

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Dr. Heidi Harlow 2848 W. McDonough Street Joliet, IL 60436 | Phone: (815) 725-1206 Fax: (815) 725-7819 Email: |
| Services Provided: | | Language(s): English Licenses: LCP |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | Yes | All treatment provider qualifications? Yes |
| Adult ? | No | All evaluation provider qualifications? Yes |
| Juvenile ? | Yes | All applicant attestation qualifications? Yes |

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Robert Patrick, Psy.D. 2848 W. McDonough Street Joliet, IL 60436 | Phone: (815) 725-1206 Fax: (815) 725-7819 Email: |
| Services Provided: | | Language(s): English Licenses: IL LCP-071-004690 |
| Evaluations ? | Yes | Provider Meets the following qualifications: |
| Treatment ? | No | All treatment provider qualifications? No |
| Adult ? | No | All evaluation provider qualifications? No |
| Juvenile ? | Yes | All applicant attestation qualifications? Yes |



Sex Offender Management Board - IDOC Interim Approved Provider List By County



Will

Stateville - Northern Reception & Classification Center (NRC)

Name Main Office Address: Charles R. Bartels
900 Ogden Avenue, Suite 214
Downers Grove, IL 60515

Phone: (815) 727-7801

Fax:

Email:

Language(s): English

Licenses:

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | No | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | Yes | All evaluation provider qualifications? | No |
| Juvenile ? | No | All applicant attestation qualifications: | Yes |

Name Main Office Address: James Corcoran, M.D.
900 Ogden Avenue, Suite 214
Downers Grove, IL 60515

Phone: (630) 784-3898

Fax: (630) 784-3899

Email:

Language(s): English , Spanish

Licenses: IL Physician #036-088292, General Psychiatry
Board Certification #41669, Forensic Psychiatry
Board Certification #0919

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | Yes | All evaluation provider qualifications? | Yes |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |

Name Main Office Address: Dr. Richard Ibe
Route 53, P.O. Box 112
Joliet, IL 60434

Phone: (815) 727-6141 x457

Fax: (815) 727-1570

Email: ribe@idoc.state.il.us

Language(s): English

Licenses: DABPS (Forensics)

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | Yes | All evaluation provider qualifications? | No |
| Juvenile ? | No | All applicant attestation qualifications: | Yes |

Stateville Correctional Center

Name Main Office Address: Dr. Wendy Blank-Navarro
Route 53, P.O. Box 112
Joliet, IL 60434

Phone: (630) 983-6231

Fax: (630) 983-3589

Email:

Language(s): English

Licenses: IL LCP, #071-006119

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | No | All evaluation provider qualifications? | No |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |

Name Main Office Address: Dr. Wayne H. Fink
Route 53, P.O. Box 112
Joliet, IL 60434

Phone: (815) 727-3607 x5546

Fax:

Email:

Language(s): English

Licenses: IL LCP-#071-005384

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | Yes | All evaluation provider qualifications? | Yes |
| Juvenile ? | No | All applicant attestation qualifications: | Yes |

Williamson

Illinois Youth Center (IYC) - Murphysboro

Name Main Office Address: Leslie K. Dierks
636 Elza Brantley Drive
Murphysboro, IL 62966

Phone: (618) 684-8500 x2226

Fax: (618) 684-2919

Email:

Language(s): English

Licenses: CADAC

Services Provided:

| | | | |
|---------------|-----|--|-----|
| Evaluations ? | Yes | Provider Meets the following qualifications: | |
| Treatment ? | No | All treatment provider qualifications? | No |
| Adult ? | No | All evaluation provider qualifications? | No |
| Juvenile ? | Yes | All applicant attestation qualifications: | Yes |



Sex Offender Management Board - IDOC Interim Approved Provider List By County



Williamson

Illinois Youth Center (IYC) - Murphysboro

| | | |
|---------------------------|--|--|
| Name Main Office Address: | Donald E. Julian 636 Elza Brantley Drive Murphysboro, IL 62966 | Phone: (618) 684-8500 Fax: (618) 684-2919 Email: |
| Services Provided: | Provider Meets the following qualifications: | Language(s): English |
| Evaluations ? Yes | All treatment provider qualifications? No | Licenses: IL LCPC- #180-002483, CCJP |
| Treatment ? Yes | All evaluation provider qualifications? No | |
| Adult ? Yes | All applicant attestation qualifications: Yes | |
| Juvenile ? Yes | | |

| | | |
|---------------------------|---|---|
| Name Main Office Address: | Mark A. Pearson, M.A. 636 Elza Brantley Drive Murphysboro, IL 62966 | Phone: (618) 684-8500 Fax: Email: |
| Services Provided: | Provider Meets the following qualifications: | Language(s): English |
| Evaluations ? Yes | All treatment provider qualifications? No | Licenses: |
| Treatment ? No | All evaluation provider qualifications? No | |
| Adult ? No | All applicant attestation qualifications: Yes | |
| Juvenile ? Yes | | |